

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 533588
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6		1				
7			1			
8				1		
9					1	
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	7	←	←		←
TOTAL CLAIMS		8				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	7	←	←		←
TOTAL CLAIMS		8				